



1471 Shoreline Dr., Ste 202
Boise, Idaho 83702
2-1-1 or 1-800-026-2588
Fax (208) 345-6569
www.idahostars.org

IdahoSTARS Registry Pre-Orientation Information

Para asistencia en español, favor de llamar al número 2-1-1 o marque el 1-800-926-2588, y pregunte por Elena Rodriguez.

Thank you for your interest in the IdahoSTARS Professional Development System – a voluntary program to recruit, retain and develop quality early childhood programs in the state of Idaho.

The list of following items are what you will need to bring to the Orientation to help you in filling out your application. Many of the forms listed in the items are in this packet. We encourage you to complete these forms before you attend the orientation. If you have all of your completed forms and information, you may be able to send your application in the following day!!

ITEMS THAT YOU MUST HAVE TO COMPLETE THE APPLICATION:

1. **Parental Consent Form** - Complete only if applicant is 16 or 17 years old - get a copy from your Child Care Resource & Referral office
2. **Proof of Current Hourly Wage and Eligibility for Incentives** (*the form you need will be in this packet*) - Family or Group child care providers will complete the enclosed ***Family or Group Child Care Provider Monthly Income Worksheet*** or bring a copy of last year's income tax 1040 Section A&C. All other applicants will bring the completed ***Employment Verification Form*** that your supervisor will sign to confirm your number of work hours, hourly rate of pay, and your eligibility for incentives.
3. **Professional History** - You need to bring a Traditional Resume` Or you can complete the Professional History Form that is enclosed in this packet.
4. **Career Summary and Goals** - You can type up the answers to the Career Summary and Goal Statements that are listed in this packet Or You can bring a brief (maximum one page typed) description in paragraph form about you that addresses the statements.
5. **Infant/Child CPR and Basic First Aid Training** - Bring a copy of current cards.
6. **Child Care Facility License** (City or State) - Bring a copy of current Facility License if applicable.
7. **Child Care Worker License** (Boise, Pocatello, or Chubbuck requirement) - Bring a copy if applicable.
8. **Documentation of Education** - Bring a copy of diplomas/degree you have earned and a copy of all college transcripts that you want to be considered towards Pathway Level placement.
9. **Documentation of Training** - Bring copies of certificates that list the title of training, date, and number of training hours that you have attended. If you are submitting the IdahoSTARS Training Tracking Sheet, it must be the original. If no certificate is available, a letter from the trainer will be accepted as proof of attendance.

ITEMS THAT YOU MUST INCLUDE IF YOU ARE APPLYING FOR ADDITIONAL INCENTIVES:

- **USDA Child Care Food Program** bring Vendor Number OR copy of Certificate
- **ICCP registered** bring Vendor Number
- **Accredited work setting** bring a copy of the facility Accreditation Certificate
- **You currently work with children with special needs** bring a typed statement detailing the children currently in your care that require special care and consideration and how you address their needs
- **Membership in Early Childhood Professional Organization(s)** bring a listing of all professional memberships and bring a copy of membership cards and/or membership number



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Employment Verification Form

This section is to be completed by the Director or Supervisor of the Applicant

Applicant Information

Applicant's Name: _____

Job Title: _____ Current Hourly Wage: _____

Number of hours regularly scheduled to work **per week directly** with children in a Child Care Setting available to the same children all day: _____

Number of hours working **per year directly** with children in a Child Care Setting available to the same children all day: _____

Does applicant's current role fall under the criteria for IdahoSTARS incentives? ☐ Yes ☐ No
(Must be able to answer "Yes" to all four criteria listed below)

Does Applicant **currently** work with Children with Special Needs? ☐ Yes ☐ No
(Applicant must include a written statement with detail of the children and how their needs are met)

Provide For Applicant if applicable

USDA Child Care Food Program Vendor Number _____

ICCP Vendor Number _____

Copy of Facility License ☐ Yes ☐ No Copy of Accreditation ☐ Yes ☐ No

Director or Supervisor's Name (please print): _____

Director or Supervisor's Signature: _____

Date: _____

IdahoSTARS Criteria to Receive Incentives

- Works in a child care setting designed to care for children while parent(s)/guardian(s) work or attend training.
- Works in a program that operates full time
- Provides regularly scheduled, direct care and/or education with children in their classroom setting at least 15 hrs/week or 780 hrs/yr
- Earns \$15.00/hr or less

Family or Group Child Care Provider Monthly Income Worksheet

Please include income verification, such as copies of receipts for each of the children in your care or a statement detailing your weekly rate and number of children.

1	What is the total amount paid to you by parents each week?	
<i>(If fees are calculated on a per month basis go directly to line 2)</i>		
	Multiply by 4.33 (weeks per month)	x 4.33
2	Total Monthly Parent Fees	
3	How much was your Child & Adult Care Food Program Reimbursement for the month?	
4	How much was the ICCP or other subsidy for children in your care for the month?	
<i>Add lines 2, 3, and 4</i>		
5	Total Monthly Revenue	
	Monthly Expenses: How much did you spend for children in your child care home last month on:	
6	Food?	
7	Toys?	
8	Assistant/Substitute Care?	
9	Crafts/Supplies?	
10	Transportation (\$0.375 per mile)	
11	Training Fees?	
12	Gifts for Children/Families?	
13	Other? (specify)	
<i>Add lines 6, 7, 8, 9, 10, 11, 12 and 13</i>		
14	Total Monthly Expenses	
Hourly Wage Calculation		
a	Insert line 5	
b	Insert line 14	
c	Subtract line (b) from (a)	
d	Divide line (c) by 4.33	
e	Number of hours worked per week	
f	Divide line (d) by line (e) (number of hours worked per week) to calculate Hourly Wage	



IdahoSTARS Professional History Form

(NOTE: You may use this Professional History Form or a Traditional Resume')

Name: _____

Date: _____

Professional Experience

(Starting with the most recent - list all work experience that will provide the most years of practical experience in early care and education)

Name of Company: _____ **Job Title:** _____

Address: _____ Dates of Employment: from: _____ to: _____

Job Duties: _____

Employment Accomplishments: _____

Name of Company: _____ **Job Title:** _____

Address: _____ Dates of Employment: from: _____ to: _____

Job Duties: _____

Employment Accomplishments: _____

Name of Company: _____ **Job Title:** _____

Address: _____ Dates of Employment: from: _____ to: _____

Job Duties: _____

Employment Accomplishments: _____

Name of Company: _____ **Job Title:** _____

Address: _____ Dates of Employment: from: _____ to: _____

Job Duties: _____

Employment Accomplishments: _____

Education

Highest Degree: _____ Received from: _____ Date: _____

Other Degrees: _____ Received from: _____ Date: _____

Other Degrees: _____ Received from: _____ Date: _____



IdahoSTARS Career Summary and Goals

Listed below are the IdahoSTARS Career Summary and Goal Statements that you can answer on a separate sheet of paper to tell IdahoSTARS about you. Please type out the Statement and finish it with your thoughts.

Career Summary and Goal Statements

- I got started in the early care and education profession because.....
- I believe that I'm in an important profession because.....
- I want to become a participant in the IdahoSTARS Professional Development System because.....
- In the next two to five years I plan on expanding my professional career by doing the following.....

OR

You can send a brief (maximum one page typed) description about you in paragraph form to tell IdahoSTARS how and why you got started in early care and education, why you believe early care and education is an important career, why you want to be involved with the IdahoSTARS Professional Development System, and what you plan on doing in two to five years to become a more skilled and knowledgeable early childhood professional.